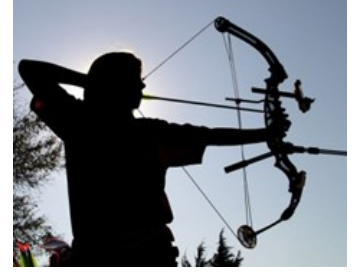




**McComb Recreation Department
2015 Fall Archery League**

**Dates: Sept 1, 3, 8, 10, 15, 17,
22, & 24**



(Participant) Last Name First

Address: _____

Telephone: _____ Birth date: _____ Age: _____

Do you have health insurance: Y___ N___ (Name of Insurance) _____

List any medical problems that may limit physical activity.

Person to notify in case of emergency. Phone No.

Email Address: _____

I will be competing in the following category:

___ Mens' ___ Womens' ___ Traditional ___ Youth(4-18 yrs old) ___ Cub(12-4 yrs old)

___ I agree to be included in photography/videography for the purposes of promotion and/
or publicity for the McComb Recreation Department/City of McComb.

For Official Use

Fee Paid _____ Receipt # _____ Date _____ Verified By _____